



| APPLICATION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)   |        | Docket Number (Optional)  |            |  |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |            |  |        |       |          |  |        |        |          |
|---|--------|---------------------------|------------|--|-----|------------------|--|--|-------|------|----------|---|-------|-------|----------|--|--------|-------|------------|--|--------|-------|----------|--|--------|--------|----------|
| FY 2005<br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |        | PP001681.0002 (2300-1681) |            |  |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |            |  |        |       |          |  |        |        |          |
| Application Number 09/894,845   |        | Filed June 27, 2001       |            |  |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |            |  |        |       |          |  |        |        |          |
| For TOLERANCE AND CHRONIC HEPATITIS C VIRUS   |        |                           |            |  |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |            |  |        |       |          |  |        |        |          |
| Art Unit 1635   |        | Examiner J. Angell        |            |  |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |            |  |        |       |          |  |        |        |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table><thead><tr><th></th><th>Fee</th><th>Small Entity Fee</th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td><td>\$ 1020.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td><td>\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which <b>are not included in the attached check</b>, or credit any overpayment, to Deposit Account Number <u>18-1648</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,588</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 _____</p> <p><u>Jenny Buchbinder</u> Signature <u>April 17, 2006</u> Date</p> <p><u>Jenny Buchbinder, Registration No. 48,588</u> Typed or printed name <u>650-493-3400</u> Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>one</u> forms are submitted in duplicate.</p> |        |                           |            |  | Fee | Small Entity Fee |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 1020.00 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |
|   | Fee    | Small Entity Fee          |            |  |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |            |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120  | \$60                      | \$ _____   |  |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |            |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450  | \$225                     | \$ _____   |  |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |            |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020 | \$510                     | \$ 1020.00 |  |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |            |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590 | \$795                     | \$ _____   |  |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |            |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160 | \$1080                    | \$ _____   |  |     |                  |  |  |       |      |          |   |       |       |          |  |        |       |            |  |        |       |          |  |        |        |          |